



Comparison of endothelial keratoplasty techniques in patients with prior glaucoma surgery - a case-matched study.

Journal: Am J Ophthalmol

Publication Year: 2019

Authors: Shawn R Lin, Pitchaya Prapaipanich, Fei Yu, Simon K Law, Joseph Caprioli, Anthony J

Aldave, Sophie X Deng

PubMed link: 30935848

Funding Grants: Regeneration of Functional Human Corneal Epithelial Progenitor Cells

Public Summary:

PURPOSE: To evaluate the outcomes of Descemet membrane endothelial keratoplasty (DMEK) and Descemet's stripping endothelial keratoplasty (DSEK) in eyes with prior glaucoma surgery. Design; Case-matched retrospective comparative case series. METHODS: Setting / Study Population: Forty-six DMEK procedures were matched with 46 DSEK procedures at a single institution. OBSERVATION PROCEDURES: Cases were matched based on preoperative visual acuity, lens status and surgical indication. MAIN OUTCOME MEASURES: The outcome measures included visual acuity improvement, primary and secondary graft failure, endothelial rejection, intraocular pressure (IOP) elevation, and the need for additional glaucoma intervention. RESULTS: Best-corrected visual acuity (BCVA) improved by -0.89 LogMar in the DMEK group and -0.62 LogMar in the DSEK group (p=0.005) at one year follow up. Visual acuity was significantly better in the DMEK group at post-operative months 1, 3, 12, and at last follow up. The percentage of patients achieving 20/40 or better BCVA was higher in the DMEK group at all time points, notably 47% in the DMEK group vs 15% in the DSEK group at 1 year (p=0.002). Secondary graft failure was lower in the DMEK group (DMEK 0% vs DSEK 17%, p=0.006). Primary graft failure rate and air injection rate were similar. There were no differences in the rate of post-operative IOP elevation or in the need for additional glaucoma intervention. CONCLUSIONS: In complex eyes with prior glaucoma surgery, DMEK offers faster visual recovery, better final visual acuity, and a lower rate of secondary graft failure compared with DSEK during the first postoperative year and beyond.

Scientific Abstract:

PURPOSE: To evaluate the outcomes of Descemet membrane endothelial keratoplasty (DMEK) and Descemet's stripping endothelial keratoplasty (DSEK) in eyes with prior glaucoma surgery. Design; Case-matched retrospective comparative case series. METHODS: Setting / Study Population: Forty-six DMEK procedures were matched with 46 DSEK procedures at a single institution. OBSERVATION PROCEDURES: Cases were matched based on preoperative visual acuity, lens status and surgical indication. MAIN OUTCOME MEASURES: The outcome measures included visual acuity improvement, primary and secondary graft failure, endothelial rejection, intraocular pressure (IOP) elevation, and the need for additional glaucoma intervention. RESULTS: Best-corrected visual acuity (BCVA) improved by -0.89 LogMar in the DMEK group and -0.62 LogMar in the DSEK group (p=0.005) at one year follow up. Visual acuity was significantly better in the DMEK group at post-operative months 1, 3, 12, and at last follow up. The percentage of patients achieving 20/40 or better BCVA was higher in the DMEK group at all time points, notably 47% in the DMEK group vs 15% in the DSEK group at 1 year (p=0.002). Secondary graft failure was lower in the DMEK group (DMEK 0% vs DSEK 17%, p=0.006). Primary graft failure rate and air injection rate were similar. There were no differences in the rate of post-operative IOP elevation or in the need for additional glaucoma intervention. CONCLUSIONS: In complex eyes with prior glaucoma surgery, DMEK offers faster visual recovery, better final visual acuity, and a lower rate of secondary graft failure compared with DSEK during the first postoperative year and beyond.

Source URL: https://www.cirm.ca.gov/about-cirm/publications/comparison-endothelial-keratoplasty-techniques-patients-prior-glaucoma